

Independent Aging Agenda Event - Post-Event Summary Report

Name of Event: 3rd Annual Healthy Aging Summit
This year's theme: New Partners in Healthy Aging

Date of Event: May 4, 2005

Location of Event: Tukwila, Washington (20 minutes south of Seattle)

Number of Attendees: 112

Sponsoring Organizations:

Washington Alliance for Healthy Aging
Comprehensive Health Education Foundation
Washington Department of Health, Office of Health Promotion
DSHS/Aging and Disability Services Administration, State Unit on Aging
Aging and Disability Services of Seattle/King County
University of Washington Health Promotion Research Center
Senior Services of Seattle/King County
Group Health Foundation
Washington Health Foundation
Sea Mar Community Health Centers
Washington Association of Area Agencies on Aging

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Priority Issue Addressed: Health and Long Term Living - Healthy Lifestyles, Prevention, and Disease Management

Secondary: Our Community – coordination between health and aging networks, planning and developing the built environment; Social Engagement

Method: Small groups identified barriers to healthy aging for older adults and suggested solutions to address these barriers and empower older adults to age healthier.

Barriers and challenges to healthy aging for older adults:

- Lack or limited availability of:
 1. affordable, culturally-, age-, and disability- appropriate physical activities;
 2. access to medical and oral health care, including preventive care;
 3. incentives, awareness, knowledge, and motivation for prevention and healthy aging;

4. professionals or providers for health care, preventive care, physical activity, nutrition education/therapy (as well as lack of resources to pay for them);
 5. transportation to enable older adults to access the services and activities that could help them age healthier, e.g., medical care, recommended screenings, immunizations, physical/recreational activities, nutritious foods (farmers markets, stores with good, affordable produce and other healthy items, senior nutrition programs), social activities, oral health care, pharmacies.
- Cost of classes
 - Cost of nutritious foods
 - Reliance on volunteers to lead classes--need to be able to pay instructors
 - Depression
 - General apathy about being physically active
 - Fear of injury
 - Social isolation due to disability, depression, and lack of transportation
 - Mismanagement of medication
 - Liability issues in low-cost or free programs
 - Instilling personal responsibility
 - Cognitive impairments.

Solutions:

General

- Increase OAA IIID funding for health promotion/disease prevention activities (HP/DP), and development of and training on evidence-based programs. Need more evidence-based interventions for nutrition.
- Research, develop, and disseminate evidence-based health promotion/disease prevention programs that are culturally appropriate and appeal to racial and ethnic minorities. Provide the tools and funding to the Aging Network and Public Health.
- Employer policies to encourage prevention, such as incentives, extended lunch breaks for exercise, exercise activities on site, healthy foods in vending and at meetings, etc.
- Support a continuum of prevention by promoting good healthy behaviors throughout the lifespan.

Transportation and Built Environment

- Increase traditional public transportation options;
- Support “built environment concepts”—planning or rehabilitating communities to enable seniors to interact and engage in their communities, be physically active, and easily access the services they need. This includes increasing residential

options for older adults and integrating them in communities. Work with city planners, local governments, universities, to achieve.

Health Care and Insurance

- Medicare fund annual physicals, not just initial exam upon enrollment, and other prevention services such as proven fall prevention programs.
- Fund adult day health and adult day care services for disease management, socialization, physical activity (strength and balance, in particular) and nutrition, oral health care, not just for rehabilitation and skilled nursing.
- Provide interventions earlier, before chronic disease sets in.
- Increase access to affordable long term care insurance and improve consumers' ability to make informed choices about policies.
- Structure health insurance plans to include incentives for healthy behaviors, e.g., physical activity, not smoking, maintaining blood pressure, cholesterol, weight, etc. at healthy levels.
- Health insurance provide discounts to healthy members.
- Improve access to medical care and prevention services in rural areas.
- Insurance plans and/or employers offer health club benefits or discounts.
- Universal health care that includes prevention.
- Focus on recruitment and retention of health care providers, including home care by improving pay.

Nutrition

- Increase funding for nutrition education for older adults.
- Ensure Senior Nutrition Programs provide healthy meals (low fat, low salt, nutritious fruits and vegetables).
- Revise Older Americans Act regulations to allow the use of voluntary contributions for federal or private grant matching funds. According to the current federal interpretation, contributions from participants at a meal site can not be used as match because doing so is not seen as using "each collected cost share payment to *expand* the service for which such payment was given;" (42 USC Sec 3030c-2(a)(5)(c). Since nutrition education is part of the nutrition program, providers should be able to use contributions as match for Food Stamp Nutrition Education funds. This would expand the program's nutrition education component, and increase nutrition providers' ability and effectiveness in influencing older adults' dietary choices and increasing physical activity.
- Work with USDA to ensure that Food Stamp Nutrition Education funds can continue to be used with adult populations.
- Increase access to local fresh produce by increasing funding for the Senior Farmers Market Nutrition Program.
- Reform Food Stamp program to enable or require recipients to purchase healthier foods.
- Organize community gardens with help of seniors, students, parents, college students, and use the foods in schools and senior nutrition programs.
- Fund oral health care as it's critical to good nutrition.

Physical Activity

- Fund evidence-based physical activity and strength training programs for older adults, possibly through Medicare and other public and private health insurance. Still need free programs for those who can't pay and are often at higher risk because of their socioeconomic status.
- To increase access to physical activity for older adults, create websites like www.shapeupkingcounty.org which lists programs available in the community to help keep seniors active and healthy.

Mental Health

- In-home programs to treat depression, better education and screening, better access to mental health system.
- Replicate PEARLS (Program to Encourage Active, Rewarding Lives for Seniors), an evidence-based depression intervention developed by University of Washington Health Promotion Research Center and Aging and Disability Services of Seattle-King County.

Socialization

- More outreach by senior centers
- Friendly visitor/volunteer companion/adopt-a-grandparent programs
- Pet therapy
- Adult day services programs

Technology and Assistive Devices

- "Health Buddy" – Home-based health management system that via the Internet serves as the interface between patients at home and care providers, facilitating patient education and monitoring of chronic conditions.
- Increase access to assistive technology to enable people to live independently, and improve mobility, ability, and home safety.
- Access technology and assistive devices to improve mobility, ability, independence, and home safety.

Miscellaneous

- Train individuals to be leaders within their own communities.
- Address pilot program sustainability. Too often, once funding for a successful pilot is gone, the program ends and the initial investment is wasted.
- Recruit participants for HP/DP programs through their peers.
- Create partnerships with faith communities and educate clergy about needs of elderly, including elder abuse/domestic violence issues.
- Phone counseling for disease management, socialization, mental health services.
- Easier to read pharmacy vials and other packaging innovations (e.g., blister packs) to improve medication compliance and reduce medication errors.

